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Feb 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N35328** **(6)**

1. Corporation Name

ALACHUA COUNTY LIBRARY DISTRICT FOUNDATION, INC.

Principal Place of Business	Mailing Address
401 E. UNIVERSITY AVENUE GAINESVILLE FL 32601-5433 US	401 E. UNIVERSITY AVENUE GAINESVILLE FL 32601-5453 US

3. Date Incorporated or Qualified: **11/17/1989**
3a. Date of Last Report: **04/17/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-3014156** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, ANN W.
401 EAST UNIVERSITY AVENUE
****
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, FRANK E.		1.2 NAME		
STREET ADDRESS	2814 SW 13 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ACKERMAN, EVE		2.2 NAME		
STREET ADDRESS	3530 NW 30 PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARLETT, BEVERLY		3.2 NAME		
STREET ADDRESS	1421 NW 47 TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREGG, CHARLES		4.2 NAME		
STREET ADDRESS	2015 NW 27 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	President	☐ Change ☑ Addition
NAME	HARPER, GUSTAVE A.		5.2 NAME	Nancy Rogers Sever	
STREET ADDRESS	2815 NW 29 STREET		5.3 STREET ADDRESS	1644 N.W. 22 Circle	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RANDALL, CHRIS		6.2 NAME		
STREET ADDRESS	1617 NW 19 CIRCKE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy Rogers Sever 2/19/97 352-375-8169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0010516